MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/808146

FILING DATE

APPLICANT(S)

4/3/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		/				
2							52						
3							53		/				
4							54		/				
5							55		/				
6							56		/				
7							57		/				
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71		/				
22							72		/				
23							73		/				
24							74		/				
25							75		/				
26							76		/				
27							77						
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33							83						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.	1					
TOTAL DEP.							TOTAL DEP.		15				
TOTAL CLAIMS							TOTAL CLAIMS		16				